

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services Division Early Childhood Care and Development		CONTACT PERSON Jill Dent		TELEPHONE NUMBER 601-359-4555	
ADDRESS 750 North State Street, Suite 507		CITY Jackson		STATE MS	ZIP 39202
EMAIL jill.dent@mdhs.ms.gov	SUBMIT DATE 3/2/2011	Name or number of rule(s): Child Care Policy Manual- Priority Populations			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of the proposed rule is to revise the Child Care Policy Manual Priority Populations for the Child Care Certificate Program.

Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

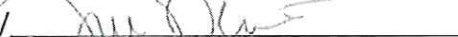
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

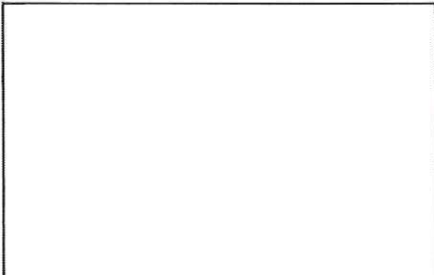
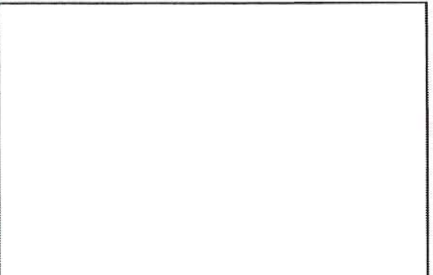

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: <u>2/1/2011</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jill Dent, Director, Division of Early Childhood Care and Development

Signature of person authorized to file rules: /s/ 

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by <u>CB 175875</u>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.